


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90026 030 \*\*\*150.00

<b>DOCUMENT # P02000131715</b> 1. Entity Name CR PAINTING PAPERHANGING, INC.					
Principal Place of Business 630 SE 43RD AVE TRENTON, FL 32693			Mailing Address 630 SE 43RD AVE TRENTON, FL 32693		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>42-1564057</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>REDMER, CARL</b> <b>630 SE 43RD AVE.</b> <b>TRENTON, FL 32693</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>Carl Redmer</i></u> <b>Carl Redmer, President</b> <b>4/22/08</b> <small>Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when resigning) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD - SEC REDMER, CARL 630 SE 43RD AVE. TRENTON, FL 32693	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REDMER, CARL 630 SE 43rd AVE TRENTON, FL 32693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ECKART, PATRICK 3500 SW 34TH ST APT FF 378 GAINESVILLE, FL 32608	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ECKART Patrick 5538 SW 8th Street Gainesville, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WISE, JEANNE 630 SE 43RD AVENUE TRENTON, FL 32693	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Carl Redmer</i></u> <b>Carl Redmer</b> <b>4/22/08</b> <b>352-472-7757</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					